

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number <b>13462</b>	2 Fiscal Year Covered From <b>01 / 01 / 2004 Through 12 / 31 / 2004</b>
3 Name and address of person filing Name <b>DAN T. RANDOLPH</b> P O Box Bldg Room No if any <b>PO Box 15</b> Street <b>8552 DENMAN RD.</b> City <b>Port Byron</b> State <b>NY</b> ZIP Code + 4 <b>13140</b>	4 Name file number and address of labor organization Name <b>LOCAL 73 PLUMBERS &amp; STEAMFITTERS</b> Labor Organization File Number <b>517-753</b> P O Box Building and Room Number if any <b>PO Box 911</b> Street <b>705 E. SENECA ST.</b> City <b>OSWEGO,</b> State <b>NY</b> ZIP Code + 4 <b>13126</b>
5 Position in labor organization <b>Asst Business Manager</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income  7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

*Dan Randolph*

On

**8-14-05**  
Date

**315-774-4871**  
Telephone Number

Name of Person Filing <span style="float: right;">5</span>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State <span style="float: right;">ZIP Code + 4</span>	<b>9</b> Business deals with  <div style="margin-left: 40px;">             a Labor Organization               b Trust               c Employer           </div>
<b>10</b> If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State <span style="float: right;">ZIP Code + 4</span>	<b>11 a</b> Nature of such dealing     <b>11 b</b> Approximate dollar value of such dealing  <b>12 a</b> Nature of interest held or income received     <b>12 b</b> Amount

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name <b>LOCAL 73 RETIREMENT FUND</b>  Trade Name if any  P O Box Bldg Room No if any Street <b>P O BOX 911</b> <b>705 E SENECA ST</b>  City <b>OSWEGO,</b>  State <b>NY</b> <span style="float: right;">ZIP Code + 4 <b>13126 0911</b></span>	<b>14 a</b> Nature of payment <b>ATTENDED</b> <b>LUNCHEON FOR PROVIDING</b> <b>EDUCATION TO LOCAL 73</b> <b>RETIREMENT FUND PENSIONEERS</b> <b>TOOK PART IN THE DAYS</b> <b>PROGRAM RECEIVED LUNCH</b>
<b>13 b</b> Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b</b> Amount of payment <b>\$33.20 PRO RATA SHARE OF LUNCH</b>

Name of Person Filing	File Number U
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<b>8 Name and address of Business (including trade name if any)</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>9 Business deals with</b>  a Labor Organization  b Trust  c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	<b>11 a Nature of such dealing</b>     <b>11 b Approximate dollar value of such dealing</b>  <b>12 a Nature of interest held or income received</b>     <b>12 b Amount</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <b>LOCAL 73 HEALTH &amp; WELFARE FUND</b> Trade Name if any P O Box Bldg Room No if any Street <b>P.O BOX 911</b> <b>705 E SENECA ST</b> City <b>OSWEGO,</b> State <b>NY</b> ZIP Code + 4 <b>13126-0911</b>	<b>14 a Nature of payment.</b>  <b>TRUSTEES MEETING TO DISCUSS SOME RETIREMENT BUT LARGELY HEALTH &amp; WELFARE ISSUES MEAL PROVIDED</b>
<b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment.</b> <b>PRO-RATA SHARE OF MEAL COST \$31.40</b>

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<b>10 If 9 b or 9 c. is checked give trust or employer's name</b>  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State                      ZIP Code + 4	<b>11 a Nature of such dealing</b>          <b>11 b Approximate dollar value of such dealing</b>  <b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <b>BLITMAN &amp; KING LLP</b> Trade Name if any  P O Box Bldg Room No if any Street <b>FRANKLIN CENTER, SUITE 300</b> <b>443 NORTH FRANKLIN ST</b> City <b>SYRACUSE, NY</b> State                      ZIP Code + 4 <b>13204</b>	<b>14 a Nature of payment</b>  <div style="font-size: 1.2em; text-align: center;"> <b>RUNDS OF GOLF FOLLOWING AN EDUCATIONAL SEMINAR UPDATING THE ATTENDEES ON ERISA " RULES</b> </div>
<b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14 b Amount of payment.</b> <b>77 50</b>

Name of Person Filing	File Number U
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<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name  Trade Name If any  P O Box Bldg Room No If any  Street  City  State ZIP Code + 4	<b>11 a Nature of such dealing</b>          <b>11 b Approximate dollar value of such dealing</b>  <b>12 a Nature of interest held or income received</b>          <b>12 b Amount</b>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value -**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <b>UNION LABOR LIFE INSURANCE</b>  Trade Name If any  P O Box Bldg Room No If any  Street  City <b>WASHINGTON</b>  State <b>DC</b> ZIP Code + 4	<b>14 a Nature of payment.</b>  <div style="font-size: 1.2em; text-align: center;">       PAYMENT FOR ROUND OF        GOLF PRECEEDING        DISCUSSIONS ON HEALTH &amp;        WELFARE FUND TOPICS     </div>
<b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14 b Amount of payment</b>  <div style="font-size: 1.5em; text-align: center;">       E 9500     </div>

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<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>9 Business deals with</b></p> <p>a Labor Organization _____</p> <p>b Trust _____</p> <p>c Employer _____</p>
<p><b>10 If 9 b or 9 c is checked give trust or employer's name</b></p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11 a Nature of such dealing</b></p>     <p><b>11 b Approximate dollar value of such dealing</b></p>     <p><b>12 a Nature of interest held or income received</b></p>     <p><b>12 b Amount</b></p>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b></p> <p>Name <b>LOCAL 73 RETIREMENT FUND</b></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <b>PO BOX 911 - 705 E SENECA ST</b></p> <p>City <b>OSWEGO</b></p> <p>State <b>NY</b> ZIP Code + 4 <b>13126 0911</b></p>	<p><b>14 a Nature of payment.</b></p> <p style="font-size: 1.2em; text-align: center;"><b>HAD TRUSTEE MEETING TO DISCUSS REAL ESTATE LOAN INVESTMENT RECEIVED A MEAL</b></p>
<p><b>13 b Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/></p>	<p><b>14 b Amount of payment</b></p> <p style="font-size: 1.2em; text-align: center;"><b>PRO-RATA SHARE OF MEAL COST \$29.00</b></p>